

Name of Person Signing Document:

Your Address:

Your City, State, and Zip Code:

Your Telephone Number:

ATLAS Number (if applicable):

Attorney's Bar Number (if applicable):

Representing ☐ Self (Without an Attorney) OR ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA, COUNTY OF MARICOPA

Case Number:

Name of Petitioner

REQUEST FOR MANDATORY MEDIATION

Name of Respondent

Name of Judge assigned to your case

If unknown call: (Phoenix) 602-506-1561

(Mesa) 602-506-2021

The other party and I do not agree about the custody or visitation of the minor children in this case. I ask that Conciliation Services review the matter and, if appropriate, schedule a mediation of the issues.

1. Mediation ☐ **has** OR ☐ **has not** been previously attempted. If so, when and where?

WHEN:

WHERE:

2. A Decree of Dissolution of Marriage (Divorce) ☐ **has** OR ☐ **has not** been signed by a judge/ commissioner OR ☐ this does **not** apply to my case.

3. Describe the disagreement. Be brief, but specific:

Today's Date: _____
Signature of Person Requesting Mediation

MAILING REQUIREMENTS:

I mailed or delivered a copy of this request to the other party and his or her attorney on the _____
as follows: (month, day, and year)

Other Party's Name: _____

Attorney's Name: _____

Street Address: _____

Street Address: _____

City, State, and Zip Code: _____

City, State, and Zip Code: _____

Telephone Number: _____

Telephone Number: _____

Signature of the person who mailed this request: _____